

STATE OF VERMONT BOARD OF MEDICAL PRACTICE

In re: Stephanie H. Taylor, M.D.)	Docket Nos.: MPS 45-0304
a/k/a Stephanie Taylor Tasi, M.D.)	MPS 48-0304
)	MPS 120-1195
)	MPS 79-0795
)	MPS 72-0795
)	MPS 52-0595
)	MPS 129-1194
)	MPS 61-0594
)	

SPECIFICATION OF CHARGES

NOW COMES, the State of Vermont, by and through Attorney General William H. Sorrell and the undersigned Assistant Attorney General, James S. Arisman, and alleges as follows.

1. Stephanie H. Taylor, M.D., a/k/a Stephanie Taylor Tasi, M.D., Respondent holds license No. 042-0008406, first issued by the Vermont Board of Medical Practice on September 9, 1991.

2. Until July 24, 1995, Respondent practiced as a psychiatrist and maintained an office in Stowe. Between July 24, 1995 and May 21, 2003 Respondent's Vermont medical license was first suspended by the Vermont Board of Medical Practice and then in lapsed status, making it invalid for the practice of medicine in this State until it had been reinstated.

3. Jurisdiction in these matters vests with the Vermont board of Medical Practice pursuant to 26 V.S.A. §§ 1354, 1355-1357, 1361, 1365-1366, 1398 and 3 V.S.A. § 809-814.

I. Background.

4. Respondent's involvement with the Vermont Board of Medical Practice has been protracted and complicated. On July 24, 1995, the Vermont Board summarily

suspended her license to practice medicine by emergency order following suspension of her privileges by Copley Hospital and the hospital's determination that her continued practice would endanger the health and safety of her patients. The Vermont Board acted against Respondent's license based on a petition from the State that alleged that Respondent had become "professionally incompetent as a result of mental impairment".

5. Subsequently, on November 7, 1996, the Vermont Board indefinitely suspended Respondent's medical license with her consent, based on various allegations included in six complaints it had opened with regard to her practice, *i.e.*, Docket Nos. MPS 61-0594, MPS 129-1194, MPS 52-0595, MPS 72-0795, MPS 79-0795, and MPS 120-1195.

6. The Board entered the indefinite suspension of Respondent's Vermont medical license on November 7, 1996 pursuant to a Stipulation and Consent Order signed by her (hereinafter referred to as the November 7, 1996 consent order). Respondent admitted in the order to unprofessional conduct that included: (a) "chemical addiction"; (b) "mental impairment"; and (c) serious boundary violations with patients. The agreement stated that complaints to the Board had alleged "egregious professional boundary violations, including an incident of sexual misconduct with a patient, and the misprescribing or dispensing of controlled substances" by Respondent.

7. The Board's November 7, 1996 consent order specified that any future reinstatement of Respondent's Vermont medical license would prohibit future practice by her as a psychiatrist. Reinstatement also would require: (a) retraining in another field of medicine; (b) continuing psychotherapy and professional assessment of Respondent's "chemical dependency, personality and characterological issues, [and] boundary issues"; (c) all medical

practice activities to be restricted to a structured group setting; (d) complete abstention from all mind altering substances; (e) no prescribing for family members or herself; and (f) random monitoring of Respondent to detect any prohibited drug or alcohol use. The November 7, 1996 consent order is attached hereunto as Exhibit 1.

II. Respondent's Medical Retraining.

A. Amended Order of June 7, 2000 by Vermont Board.

8. In response to her petition, the Vermont Board on June 7, 2000 approved an agreement (hereinafter referred to as the June 7, 2000 consent order) amending certain terms of the November 7, 1996 Stipulation and Consent Order so as to permit Respondent to retrain in the family practice residency at the Tufts University school of medicine. Respondent's Vermont medical license had been suspended between 1995 and 2000.

9. Respondent's retraining would be pursuant to certain restrictive requirements recommended to the Vermont Board by the South Investigative Committee. Thus, the Vermont Board in the June 7, 2000 consent order regarding Respondent's retraining included the following restrictive conditions: (a) any practice of medicine by Respondent during her residency would be restricted solely to the Commonwealth of Massachusetts; (b) Respondent would be prohibited from practicing medicine anywhere in Massachusetts if the practice was not "directly related to her Tufts residency"; and (c) Respondent would continue to be prohibited from any practice of medicine in the State of Vermont without the express written approval of the Vermont Board. The June 7, 2000 consent order is attached hereunto as Exhibit 2.

B. License Restrictions Imposed by Massachusetts.

10. Following the June 2000 action of the Vermont Board, described above, Respondent also signed in July 2000 a consent order with the Massachusetts Board of Registration in Medicine allowing her medical retraining.

11. The Massachusetts Board, recognizing Respondent's record of prior unprofessional conduct and discipline in Vermont, first imposed its own indefinite suspension of her medical license. However, the Massachusetts Board agreed at the same time to Respondent's pursuit of a family practice residency at Tufts University, and subject to certain restrictive conditions. Thus, the Massachusetts Board stayed its order of suspension and placed Respondent on probation, subject to stringent conditions and restrictions on her license.

12. The probationary restrictions imposed by the Massachusetts Board included: (a) Respondent could practice medicine in Massachusetts only within the Tufts University family practice residency program; (b) Respondent was required to abstain from the consumption of alcohol and controlled substances; (c) Respondent was required to participate in the recovery activities and substance monitoring services provided by the Massachusetts Medical Society's Physician Health Services program (PHS) and required to continue her treatment for chemical dependency.

C. Suspension of Respondent's License in 2004 by Massachusetts.

13. On February 18, 2004, the Massachusetts Board of Registration in Medicine suspended Respondent's medical license.¹ The suspension was entered based on the

1. The Massachusetts Board effected this suspension by vacating its earlier stay of its July 2000 order of

allegations of the Massachusetts Board of Registration in Medicine that Respondent had failed to comply with material terms of probation that had been imposed on her Massachusetts license.²

14. Respondent had never requested an appeal hearing to contest the suspension by the Massachusetts Board of her medical license or to address the allegations that she had failed to comply with her terms of probation. See State of Vermont's allegations related to this suspension of licensure at Count 23, Paragraphs 125 through 127, below.

III. State of Vermont's Present Charges of Unprofessional Conduct.

15. Respondent Taylor repeatedly has engaged in unprofessional and/or dishonorable conduct since signing the June 7, 2000 consent order providing for her retraining. Respondent has failed to abide by the terms and conditions of medical licensure that she agreed to in legal agreements with the Vermont and Massachusetts Boards. She has materially breached these legal obligations. Respondent has improperly prescribed drugs, violated professional boundaries, ignored Board rules, and failed to adhere to prevailing medical standards.

16. The pertinent provisions of Respondent's legal agreements with the Vermont Board are summarized below. Copies of the actual agreements are attached hereunto as exhibits. Under the terms of the November 7, 1996 and June 7, 2000 consent orders of the

suspension of Respondent's license. Vermont's investigation of Docket No. MPS 48-0304 began following the suspension of Respondent's medical license by the Massachusetts Board. Investigation of another matter, Docket No. MPS 45-0304, followed receipt by the Vermont Board of a complaint from a patient (Patient B) who alleged substandard treatment and breach of medical confidentiality by Respondent.

2. The Massachusetts Board alleged that Respondent had stopped complying with material terms of her contract with the Mass. Physician Health Services (PHS) program. The Board alleged Respondent failed to meet and communicate with PHS personnel and had stopped providing random urine samples as required by her contract.

Vermont Board, Respondent Taylor agreed to the following:

- (a) "No self-prescribing or prescribing to family members" (see Nov. 7, 1996 consent order at Paragraph 13C(6));
- (b) all practice of medicine in Massachusetts by Respondent required to be directly related to family practice residency at Tufts; (see June 7, 2000 consent order amending Nov. 7, 1996 consent order and setting forth Paragraph 13A(1));
- (c) no practice of medicine in State of Vermont without express written approval of Vermont Board of Medical Practice (June 7, 2000 consent order amending Nov. 7, 1996 consent order and setting forth Paragraph 13A(2));
- (d) all medical practice by Respondent whether at Tufts or elsewhere required to take place only in a structured group practice setting (June 7, 2000 consent order amending Nov. 7, 1996 consent order; and setting forth Paragraph 13C(3); and see consent order of April 2, 2003 setting forth amended Paragraph 13C(3)); see Exhibit 3, attached.

The State's specific allegations of unprofessional conduct with regard to Respondent's non-compliance with these terms are set forth below.

A. Prescribing Violations by Respondent as to a Family Member: Patient A.

Count 1.

17. On or about both April 4, 2003, Respondent prescribed for Patient A 30 Vioxx 25 mg. tablets.³ In so doing, she presented herself as a physician or practitioner of medicine. The prescription ordered by Respondent for Patient A, was filled and later refilled at a Stoughton, Massachusetts pharmacy (after having been transferred from a Malden, Massachusetts pharmacy). Patient A

Patient A's

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ATTORNEY
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109 State Street
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3. Vioxx is a nonsteroidal drug that exhibits anti-inflammatory, analgesic, and antipyretic qualities. It is indicated for relief of signs and symptoms of osteoarthritis and rheumatoid arthritis in adults; management of acute pain in adults, and the treatment of primary dysmenorrhea. See Physicians' Desk Reference at 2120-2125 (57th ed. 2003).

18. Such prescribing by Respondent constitutes the practice of medicine. 26 V.S.A. § 1311(1). Respondent's practice of medicine as to Patient A, as described above, did not occur in a structured group setting, contrary to the requirements of Board's April 2, 2003 consent order, amended Paragraph 13C(3) (practice in structured group setting required). Respondent's practice of medicine as to Patient A, a family member, as described above, also was contrary to the express terms of the Board's November 7, 1996 consent order, Paragraph 13C(6) (prescribing for family members prohibited).

19. In sum, Respondent's care of Patient A, on one or more occasions, as set forth in Paragraphs 17 and 18, violated express terms and conditions of her Vermont medical license (i.e., April 2, 2003 consent order, amended Paragraph 13C(3); and November 7, 1996 consent order, Paragraph 13C(6)). Respondent's conduct thereby constitutes a violation of 26 V.S.A. § 1354(a)(25) (failure to comply with an order of the board or violation of any term or condition of a license that is restricted or conditioned by the board). Respondent conduct in this regard is unprofessional.

Count 2.

20. Paragraphs 17 and 18, above, are restated and incorporated by reference.

21. Respondent's practice of medicine as to Patient A, as described above, did not meet the requisite standard of care. Respondent failed to take and maintain a proper written medical history from the patient or perform an appropriate physical examination of the patient. Respondent's practice of medicine as to Patient A, as described above, also did not include creating and maintaining an appropriate written medical record identifying relevant information such as the patient's subjective complaint, objective symptoms, vital signs,

physician's assessment, and plan of care, as maintaining a record of her prescribing for the patient.

22. Respondent's deficient care of Patient A, as described above, constitutes a gross failure to use and exercise on a particular occasion or the failure to use and exercise on repeated occasions that degree of care, skill and proficiency which is commonly exercised by the ordinary skillful, careful and prudent physician engaged in similar practice under the same or similar conditions, whether or not actual injury to a patient has occurred. Such conduct thereby constitutes a violation of 26 V.S.A. § 1354(a)(22) and is unprofessional.

23. Alternatively, such deficient care, on one or more occasions, constitutes a violation of 26 V.S.A. § 1354(b)(1) (failure to practice competently by performance of unsafe or unacceptable patient care); and/or 26 V.S.A. § 1354(b)(2) (failure to conform to the essential standards of acceptable and prevailing practice). Such conduct is unprofessional.

B. Improper Prescribing, Illegal Practice in Vermont: Patient B.

Count 3

24. Respondent cared for and prescribed medications for another patient (hereinafter, "Patient B"), who at the time of such prescribing was in the State of Vermont. Patient B listed his Morrisville address in relevant hospital records. Patient B

25. In the evening hours, on or about September 11, 2002, Respondent by telephone call to Copley Hospital in Morrisville prescribed for Patient B a combination of Doxycycline 100 mg. capsules⁴ and Zithromax 250 mg. capsules⁵ for treatment of dysuria. In

4. Doxycycline is a broad-spectrum antibiotic synthetically derived from oxtetracycline. Tetracyclines are readily

so doing, she presented herself as a physician or practitioner of medicine. Hospital records indicate that these drugs were dispensed to Patient B on or about the same date based on Respondent's telephone order.

26. The following day, September 12, 2002, Respondent additional medications prescribed for Patient B by Respondent, i.e., Cipro 500 mg. tablets⁶, Doxycycline 200 mg., and Phenazoridine 200 mg.⁷ were dispensed by Heritage Drugs in Stowe, Vermont. In prescribing for Patient B, Respondent presented herself as a physician or practitioner of medicine.

27. Such prescribing for Patient B, as described immediately above, constitutes the practice of medicine by Respondent in the State of Vermont. 26 V.S.A. § 1311(1).

28. On the dates identified above, Patient B was not being treated by Respondent as part of her family practice residency at the Tufts University. Respondent also was not providing care to Patient B within a structured group practice setting.

29. Respondent's practice of medicine as to Patient B, as described above in Paragraphs 25 through 28, on one or more occasions violated the requirements of the June 7,

absorbed and used to treat infections, including urinary tract infections. See Physicians' Desk Reference at 2369-2370 (57th ed 2003).

5. Zithromax (azithromycin) is indicated for the treatment of infections, including respiratory tract infections, skin infections, and sexually transmitted diseases. See Physicians' Desk Reference at 2667-2672 (57th ed. 2003).

6. Cipro (ciprofloxacin hydrochloride) is a synthetic broad spectrum antimicrobial agent. It is indicated for the treatment of a wide range of infections, including urinary tract infections, chronic bacterial prostatitis, and infectious diarrhea. See Physicians' Desk Reference at 875-881 (57th ed. 2003). Pharmacy records indicate that the prescriptions for Cipro and Doxycycline were dispensed on September 12, 2002 by Heritage Drugs, based on earlier prescribing for Patient B by Respondent Taylor and transferred in from a Medford, Massachusetts-area pharmacy. The pharmacy record bore Respondent's name and two DEA registration numbers assigned to her.

7. Phenazopyridine hydrochloride is an orally absorbed agent which produces local analgesia and relief of urinary symptoms. See Physicians' Desk Reference at 2645 and 3258 (57th ed. 2003).

2000 consent order of the Vermont Board. See amended Paragraph 13A(1), mandating Respondent's practice of medicine take place solely in Massachusetts and be required by or directly related to her family practice residency at Tufts; amended Paragraph 13C(3), mandating that Respondent practice in structured group setting; amended Paragraph 13A(2), prohibiting Respondent from practicing medicine in the State of Vermont without the written approval of the Vermont Board of Medical Practice. Respondent had received no such approval from the Vermont Board as of the dates in question.

30. In sum, Respondent's conduct, as set forth in Paragraphs 25 through 28 and Paragraph 29, on one or more occasions violated terms of the June 7, 2000 consent order and thereby constitutes a violation of 26 V.S.A. § 1354(a)(25) (failure to comply with an order of the board or violation of any term or condition of a license that is restricted or conditioned by the board). Such conduct by Respondent is unprofessional.

Count 4

31. Paragraphs 24 through 30, above, are restated and incorporated by reference.

32. Following the Board's suspension of Respondent's medical license in 1995-96, she allowed her Vermont medical license to expire on November 30, 1996 and did not renew it. Respondent's medical license had "lapsed" and became invalid for practice. A physician may not legally practice medicine in Vermont after his or her license has lapsed. Board Rule 3.2. A physician must halt the practice of medicine in Vermont after his or her license has lapsed. Board Rule 3.3.

33. By caring for Patient B and prescribing for him on September 11 and/or September 12, 2002, as described above, Respondent practiced medicine in Vermont. Such

practice constituted the illegal practice of medicine, 26 V.S.A. §§ 1311, 1314, 1400(b), and also violated the provisions of Board Rules 3.2 and 3.3. Respondent's conduct thereby constitutes a failure to comply with provisions of Federal or State statutes or rules governing the profession. 26 V.S.A. § 1354(a) (27). Such conduct by Respondent is unprofessional.

Count 5

34. Paragraphs 24 through 33, above, are restated and incorporated by reference.

35. Respondent's practice of medicine, in caring for and prescribing for Patient B, as described above, failed to meet the requisite standard of care. Respondent did not take and maintain a proper written medical history from the patient or perform an appropriate physical examination of the patient. Respondent's care of Patient B also did not include creating and maintaining an appropriate written medical record identifying information, such as the patient's subjective complaint, vital signs, objective symptoms, physician's assessment, and plan of care, as well as maintaining a written record of her prescribing for the patient.

36. Respondent's deficient care of Patient B, as described in Paragraphs 24 through 33 and Paragraph 35, above, constitutes a gross failure to use and exercise on a particular occasion or the failure to use and exercise on repeated occasions that degree of care, skill and proficiency which is commonly exercised by the ordinary skillful, careful and prudent physician engaged in similar practice under the same or similar conditions, whether or not actual injury to a patient has occurred. Such deficient care by Respondent constitutes a violation of 26 V.S.A. § 1354(a)(22). Respondent's conduct thereby is unprofessional.

37. Alternatively, Respondent's deficient care, as described above, constitutes a violation of 26 V.S.A. § 1354(b)(1) (failure to practice competently by performance of unsafe

or unacceptable patient care) and/or 26 V.S.A. § 1354(b)(2) (failure to conform to the essential standards of acceptable and prevailing practice). Such conduct by Respondent is unprofessional.

C. Prescribing and Practice Violations in Massachusetts: Patient B.

Count 6

38. In Massachusetts, Respondent also violated the terms and conditions of her Vermont license by practicing medicine in circumstances not required by or directly related to her family practice residency at Tufts. Her specific actions in this regard are set forth below.

39. On or about October 18, 2002, Respondent prescribed for Patient B a DEA Schedule II controlled substance, Oxycodone/APAP (acetaminophen) 5mg.-325 mg. tablets.⁸ On the same date, she also prescribed Hydrocortisone 2.5% ointment⁹ for Patient B. In so doing, she presented herself as a physician or practitioner of medicine. Such prescribing by Respondent constitutes the practice of medicine. 26 V.S.A. § 1311(1). The prescribing records for the drugs dispensed listed a Stoughton, Massachusetts address for Patient B. The prescription was filled at a Stoughton-area pharmacy.

40. Respondent's medical care and prescribing for Patient B were not provided as part of the responsibilities of her family practice residency at the Tufts University school of medicine. Nor did Respondent's practice of medicine in this regard take place in a structured group practice setting.

8. Oxycodone is a semisynthetic opioid analgesic with multiple actions qualitatively similar to morphine. It can produce drug dependence of the morphine type and has the potential for being abused. Acetaminophen is a non-opiate, non-salicylate analgesic and antipyretic. See Physicians' Desk Reference at 1304-1305 (57th ed. 2003).

9. Hydrocortisone cream is a topical corticosteroid used as an anti-inflammatory and antipruritic agent. See Physicians' Desk Reference at 2148-2149 (57th ed. 2003).

41. Respondent's practice of medicine as to Patient B, as described above, on one or more occasions violated the terms of the June 7, 2000 consent order of the Vermont Board. See amended Paragraph 13A(1) (mandating that practice of medicine by Respondent in Massachusetts be required by or directly related to family practice residency at Tufts University); and see Paragraph 13C(3) (mandating that Respondent practice only in a structured group practice setting). In sum, Respondent's practice of medicine, as described, constitutes a violation of 26 V.S.A. § 1354(a)(25) (failure to comply with an order of the board or violation of any term or condition of a license that is restricted or conditioned by the board). Such conduct by Respondent is unprofessional.

Count 7

42. Paragraphs 38 through 41, above, are restated and incorporated by reference.

43. Respondent's care of Patient B, as described above, failed to meet the requisite standard of care. Respondent did not take and maintain a proper written medical history from the patient or perform an appropriate physical examination of the patient. Respondent's practice of medicine as to Patient B also did not include creating and maintaining a proper written medical record, including information such as the patient's subjective complaint, objective symptoms, vital signs, physician's assessment, and plan of care, as well as recording her prescribing for the patient.

44. Respondent's deficient care of Patient B, as described in Paragraphs 38 through 41 and Paragraph 43, constitutes a gross failure to use and exercise on a particular occasion or the failure to use and exercise on repeated occasions, that degree of care, skill and proficiency which is commonly exercised by the ordinary skillful, careful and prudent

physician engaged in similar practice under the same or similar conditions, whether or not actual injury to a patient has occurred. Such conduct constitutes a violation of 26 V.S.A. § 1354(a)(22). Respondent's conduct in this regard is unprofessional.

45. Alternatively, such conduct by Respondent constitutes a violation of 26 V.S.A. § 1354(b)(1) (failure to practice competently by performance of unsafe or unacceptable patient care; and/or 26 V.S.A. § 1354(b)(2) (failure to conform to the essential standards of acceptable and prevailing practice). Such conduct by Respondent is unprofessional.

Count 8

46. On another occasion in Massachusetts, also involving Patient B, Respondent violated the terms and conditions of her Vermont medical license by again practicing medicine in circumstances not directly related to or required by her family practice residency at Tufts University. On this occasion, Respondent prescribed a psychotropic medication for Patient B.

47. On or about November 5, 2002 Respondent prescribed Lexapro 10 mg. tablets¹⁰ for Patient B. In so doing, she presented herself as a physician or practitioner of medicine. Such care and prescribing for Patient B constitutes the practice of medicine. 26 V.S.A. § 1311(1). The prescription was filled at a pharmacy in Stoughton, Massachusetts. On this occasion, Respondent was not treating Patient B as part of her responsibilities in the family practice residency at the Tufts University school of medicine. Respondent's practice of

10. Lexapro (escitalopram oxalate) is an orally administered selective serotonin reuptake inhibitor (SSRI) prescribed as an antidepressant. Lexapro is not a DEA controlled substance but patients should be carefully evaluated for a history of drug abuse and followed for signs of misuse or abuse of the drug. See Physicians' Desk Reference at 2120-2125 (57th ed. 2003).

medicine as to Patient B, as described, also did not take place in a structured group practice setting.

48. Respondent's practice of medicine as to Patient B, as described above in Paragraphs 46, violated terms of the June 7, 2000 consent order of the Vermont Board. See amended Paragraph 13A(1), mandating that any practice of medicine by her in Massachusetts be required by or directly related to her family practice residency at Tufts. And see Paragraph 13C(3), as amended, mandating that Respondent practice only in a structured group practice setting.

49. Thus, Respondent's conduct, as set forth above in Paragraphs 46 through 48, on one or more occasions constitutes a violation of 26 V.S.A. § 1354(a)(25) (failure to comply with an order of the board or violation of any term or condition of a license that is restricted or conditioned by the board). Such conduct by Respondent is unprofessional.

Count 9.

50. Paragraphs 46 through 49 are restated and incorporated by reference.

51. Respondent's practice of medicine as to Patient B, as described above in Paragraphs 46 through 48, failed to meet the requisite standard of care. The care rendered did not include taking and maintaining a proper written medical history from the patient or properly examining the patient. Respondent's practice of medicine as to Patient B, as described above, also did not include creating and maintaining a proper written medical record of information such as the patient's subjective complaint, objective symptoms, vital signs, physician's assessment, and plan of care, as well as recording Respondent's prescribing for the patient.

52. Respondent's deficient care of Patient B on this occasion, as described above in Paragraphs 46 through 49 and Paragraph 51, constitutes a gross failure to use and exercise on a particular occasion or the failure to use and exercise on repeated occasions, that degree of care, skill and proficiency which is commonly exercised by the ordinary skillful, careful and prudent physician engaged in similar practice under the same or similar conditions, whether or not actual injury to a patient has occurred. Such conduct by Respondent constitutes a violation of 26 V.S.A. § 1354(a)(22) and is unprofessional.

53. Alternatively, such conduct also constitutes a violation of 26 V.S.A. § 1354(b)(1) (failure to practice competently by performance of unsafe or unacceptable patient care) and/or 26 V.S.A. § 1354(b)(2) (failure to conform to the essential standards of acceptable and prevailing practice). Such conduct by Respondent is unprofessional.

D. Improper Prescribing by Respondent in Vermont for Patient C.

54. On repeated occasions, Respondent prescribed medications for Patient C, who was an individual with whom she had an ongoing close, personal relationship. Prescribing records in each case identify Patient C's : . s. Such prescribing for Patient C by Respondent occurred in both Vermont and Massachusetts. The drugs prescribed by Respondent for Patient C included controlled substances.

55. The nature of Respondent's close, personal relationship with Patient C should have raised concerns for her as to her ethical obligations and, upon reflection should have caused her not to prescribe for or otherwise care for Patient C.

56. Respondent prescribed for Patient C, both in Massachusetts and in the State of Vermont, thereby engaging in the practice of medicine in both jurisdictions. 26 V.S.A. §

1311(1). Respondent's actions in this regard repeatedly violated express terms of her June 7, 2000 consent order with the Vermont Board.

57. In Vermont, on or about September 4, 2002, Heritage Drugs in Stowe dispensed for Patient C Lipitor 20 mg. tablets.¹¹ Respondent was identified as the prescribing physician in pharmacy records. The prescription ordered for Patient C by Respondent was refilled on or about October 28, 2002 at Heritage Drugs in Stowe.

58. On or about November 30, 2002, Respondent prescribed for Patient C Meclizine 25 mg. tablets.¹² In so doing, she presented herself as a physician or practitioner of medicine. These were as dispensed by Heritage Drugs in Stowe.

59. On or about March 8, 2003, Respondent prescribed for Patient C Clotrimazole and Betamethazone cream.¹³ In so doing, she presented herself as a physician or practitioner of medicine. This formulation was dispensed by Heritage Drugs of Stowe. On or about the same date, Respondent prescribed for Patient C for Metoclopramide 10 mg. tablets.¹⁴ In so doing, she presented herself as a physician or practitioner of medicine. This

11. Lipitor (atorvastatin calcium) is a synthetic lipid-lowering agent. Lipitor is indicated as an adjunct to diet to reduce elevated cholesterol. See Physicians' Desk Reference at 2547-2551; 2610-2613 (57th ed. 2003). Pharmacy records indicate that the prescriptions for Lipitor were dispensed on September 4, 2002 and October 28, 2002 by Heritage Drugs, based on a prescription written earlier for Patient B and transferred in by telephone from a Malden, Massachusetts-area pharmacy. Respondent is identified as the prescribing physician in the Heritage Drugs records.

12. Meclizine HCl is an antihistimine indicated for management of nausea and vomiting, and dizziness associated with motion sickness and also may be effective for management of vertigo associated with diseases affecting the vestibular system. See Physicians' Desk Reference at 2574 (57th ed. 2003).

13. Clotrimazole is a synthetic antifungal agent. Betamethasone dipropionate is a synthetic corticosteroid. Combinations of the two agents in cream or lotion form are indicated in adult patients for the topical treatment of symptomatic inflammatory conditions. See Physicians' Desk Reference at 3049-3051 (57th ed. 2003).

14. Metoclopramide hydrochloride tablets are used on a short-term basis (4 to 12 weeks) for patients with heartburn and esophagitis due to gastroesophageal reflux who fail to respond to conventional therapy. Brand name: Reglan. See YaleNewHavenHealth.org/library.

prescription was dispensed by Heritage Drugs of Stowe.

60. On or about March 11, 2003, Respondent prescribed for Patient C Zocor 20 mg. tablets.¹⁵ This prescription was dispensed by Heritage Drugs of Stowe. In so doing, she presented herself as a physician or practitioner of medicine. On or about the same date, Respondent prescribed for Patient C Celebrex 200 mg. capsules.¹⁶ In so doing, she presented herself as a physician or practitioner of medicine. This prescription was dispensed by Heritage Drugs of Stowe.

61. On or about March 12, 2003, Respondent prescribed for Patient C Flonase 0.05% nasal spray.¹⁷ In so doing, she presented herself as a physician or practitioner of medicine. This prescription was dispensed by Heritage Drugs in Stowe. On or about the same date, Respondent prescribed for Patient C Amoxicillin 875 mg. tablets.¹⁸ In so doing, she presented herself as a physician or practitioner of medicine. This prescription was dispensed by Heritage Drugs of Stowe.

15. Zocor (simvastatin) is a lipid-lowering agent that is indicated for individuals at increased risk for atherosclerosis-related clinical events as a function of elevated cholesterol level or other risk factors. See Physicians' Desk Reference at 2126-2131 (57th ed. 2003).

16. Celebrex (celecoxib) is a non-steroidal, anti-inflammatory drug that exhibits anti-inflammatory, analgesic, and antipyretic qualities. Celebrex has demonstrated significant reductions in joint pain, swelling, tenderness, and post-surgical pain. See Physicians' Desk Reference at 2589-2593; 2718-2722 (57th ed. 2003).

17. Fluticasone propionate, the active component of Flonase nasal spray is a synthetic corticosteroid in an aqueous suspension. Flonase nasal spray is indicated for the management of the nasal symptoms of seasonal and perennial allergic and nonallergic rhinitis. See Physicians' Desk Reference at 1521-1523 (57th ed. 2003).

18. Amoxil formulations contain amoxicillin, a semisynthetic antibiotic, an analog of ampicillin, with a broad spectrum of bactericidal activity against many gram-positive and gram-negative microorganisms. Its use is indicated in the treatment of a broad range of infections, including those of the ear, nose, and throat; genitourinary tract; skin; and ano-genital and urethral structures. See Physicians' Desk Reference at 1456-1460 (57th ed. 2003).

62. On or about April 21, 2003, Respondent prescribed for Patient C Zocor 10 mg. tablets.¹⁹ In so doing, she presented herself as a physician or practitioner of medicine. This prescription was dispensed by Heritage Drugs in Stowe. On the same date, Respondent prescribed for Patient C Celebrex 200 mg. capsules.²⁰ In so doing, she presented herself as a physician or practitioner of medicine. This prescription also was dispensed by Heritage Drugs of Stowe. On or about the same date, Respondent prescribed for Patient C Allegra 60 mg. tablets.²¹ In so doing, she presented herself as a physician or practitioner of medicine. This prescription was dispensed by Heritage Drugs of Stowe.

E. Respondent Prescribed Controlled Substances for Patient C in Vermont.

63. Respondent also prescribed controlled substances for Patient C while he was in Vermont. On or about January 8, 2003, Respondent prescribed for Patient C Clonazepam .05 mg. tablets.²² In so doing, she presented herself as a physician or practitioner of medicine. This prescription was dispensed by Heritage Drugs in Stowe. Clonazepam is a DEA Schedule IV drug.

19. See footnote 15, above.

20. See footnote 16, above.

21. Allegra is indicated for the relief of symptoms associated with seasonal allergic rhinitis, including sneezing, rhinorrhea, itchy nose/throat, and itchy/watery/red eyes. Allegra also is indicated for treatment of uncomplicated skin manifestations of chronic idiopathic urticaria, See Physicians' Desk Reference at 705-707 (57th ed. 2003).

22. Clonazepam, branded as Klonopin, is a benzodiazepine and is a DEA Schedule IV controlled substance. Use of Clonazepam presents risk of physical and psychological dependence. Addiction-prone individuals should be followed carefully because Clonazepam may produce habituation and dependence. Clonazepam is indicated for care of panic disorder and seizure disorders. See Physicians' Desk Reference at 2905-2908 (57th ed. 2003).

64. On or about April 21, 2003, Respondent prescribed for Patient C Oxycodone/APAP (acetaminophen) 5 mg.-325 mg. tablets²³, a DEA Schedule II controlled substance. In so doing, she presented herself as a physician or practitioner of medicine. This prescription was dispensed by Heritage Drugs in Stowe.

Count 10

65. Paragraphs 54 through 64, above, are restated and incorporated by reference.

66. By repeatedly prescribing for Patient C, between Sept. 4, 2002 and April 21, 2003, while the patient was present in the State of Vermont, as described, above, Respondent engaged in the illegal practice of medicine in this State. 26 V.S.A. §§ 1311, 1314, 1400(b).

67. Respondent's care of and prescribing for Patient C is evidence of illegal practice of medicine in Vermont by Respondent, in addition to that already identified above with regard to her care of Patient B. See Paragraphs 31 through 33.

68. After Respondent was suspended by the Board in 1995-96, her Vermont medical license subsequently expired on November 30, 1996. She did not renew it at this time. Thus, Respondent's medical license had "lapsed" and had become invalid for practice. A physician may not legally practice medicine in Vermont after his or her license has lapsed. Board Rule 3.2. A physician must halt the practice of medicine in Vermont after his or her license has lapsed. Board Rule 3.3.

23. Oxycodone is a semisynthetic opioid analgesic with multiple actions qualitatively similar to those of morphine. It is a DEA Schedule II drug. Acetaminophen is a non-opiate, non-salicylate analgesic and antipyretic. Oxycodone can produce drug dependence of the morphine type and has the potential for abuse. Psychic dependence, physical dependence, and tolerance may develop. Oxycodone/APAP tablets should be prescribed and administered with caution. An overdose with Oxycodone may include respiratory depression, extreme somnolence progressing to stupor or coma, skeletal muscle flaccidity, cold and clammy skin, and sometimes bradycardia and hypotension. In severe overdoses, apnea, circulatory collapse, cardiac arrest and death may occur. See Physicians' Desk Reference at 1304-1305 (57th ed. 2003).

69. Respondent's practice of medicine in Vermont, in caring for and repeatedly prescribing for Patient C while he was present in Vermont, during a period when her Vermont medical license was lapsed and therefore invalid, constitutes the illegal practice of medicine in this State by her. 26 V.S.A. §§ 1311, 1314, 1400(b). Respondent's conduct also violated the provisions of Board Rules 3.2 and 3.3. Respondent's conduct thereby on one or more occasions constitutes a failure to comply with provisions of Federal or State statutes or rules governing the profession. Such conduct by Respondent is unprofessional. 26 V.S.A. § 1351(a) (27).

Count 11

70. Paragraphs 54 through 64, above, are restated and incorporated by reference.

71. Respondent's practice of medicine as to Patient C, i.e., repeatedly prescribing for him in Vermont as described above, but limited to the period between September 4, 2002 and March 12, 2003, violated the requirements of the June 7, 2000 consent order of the Vermont Board (~~see~~ amended Paragraph 13A(1), mandating that any practice of medicine by Respondent take place solely in the Commonwealth of Massachusetts and be required by or directly related to her family practice residency at Tufts). As described above, Respondent practiced medicine in violation of both requirements.

72. Respondent's practice of medicine as to Patient C, as described above in Paragraphs 54 through 64 and Paragraph 71, between September 4, 2002 and April 21, 2003, was not undertaken in a structured group practice setting. Thus, Respondent's conduct in this regard also violated other terms of the Board's June 7, 2000 consent order. See Paragraph 13C(3), as amended.

73. Respondent's conduct as set forth in Paragraphs 54 through 64, above, but limited to the period between September 4, 2002 and March 12, 2003, violated the express terms of amended Paragraph 13A(2) of the June 7, 2000 consent order, prohibiting Respondent from practicing medicine in the State of Vermont without the express written approval of the Vermont Board. Respondent had received no such Board approval to practice in Vermont during the period identified in this paragraph.

74. In sum, Respondent's conduct, as specified above, on one or more occasions violated terms of the June 7, 2000 consent order or its successor, the April 2, 2003 consent order. Such conduct constitutes a violation of 26 V.S.A. § 1354(a)(25) (failure to comply with an order of the board or violation of any term or condition of a license that is restricted or conditioned by the board). Thus, such conduct by Respondent is unprofessional.

Count 12

75. Paragraphs 54 through 64, above, are restated and incorporated by reference.

76. Respondent's practice of medicine as to Patient C, as described above, did not include taking and maintaining a proper written medical history from the patient or appropriately examining the patient. Respondent's practice of medicine as to Patient C in the circumstances described, also did not include creating and maintaining a proper written medical record identifying information, such as the patient's subjective complaint, vital signs, objective symptoms, physician's assessment, and plan of care, as well as a record of prescribing for the patient.

77. The practice of medicine by Respondent, as described in Paragraphs 54 through 64 and Paragraph 76, above, failed on one or more occasions to meet the requisite

standard of medical care. Thus, Respondent's conduct constitutes a gross failure to use and exercise on a particular occasion or the failure to use and exercise on repeated occasions that degree of care, skill and proficiency which is commonly exercised by the ordinary skillful, careful and prudent physician engaged in similar practice under the same or similar conditions, whether or not actual injury to a patient has occurred. Such conduct constitutes a violation of 26 V.S.A. § 1354(a)(22). Such conduct by Respondent is unprofessional.

78. Alternatively, such conduct on one or more occasions constitutes a violation of 26 V.S.A. § 1354(b)(1) (failure to practice competently by performance of unsafe or unacceptable patient care) and/or 26 V.S.A. § 1354(b)(2) (failure to conform to the essential standards of acceptable and prevailing practice). Such conduct is unprofessional.

F. Respondent Also Improperly Prescribed for Patient C in Massachusetts.

Count 13

79. Respondent also improperly prescribed drugs for Patient C in Massachusetts, including prescribing controlled substances for him. Prescribing records in each case identify Patient C's :

The nature of Respondent's relationship with Patient C reasonably should have raised concerns for Respondent as to her ethical obligations with regard to patient boundaries.

80. On or about February 2, 2003, Respondent prescribed for Patient C nifedipine²⁴ 10 mg capsules. This prescription was dispensed by a Malden, Massachusetts-

24. Nifedipine, branded as Procardia, is an antianginal drug belonging to a class of pharmacological agents, the calcium channel blockers, and is indicated for management of vasospastic angina or chronic stable angina (effort-associated angina). Appropriate patient dosage needed to suppress angina and individual tolerance must be established by titration which should proceed over a 7-14 day period so that the physician can assess the response

area pharmacy. Also on February 2, 2003, a prescription ordered by Respondent for Patient C for Celebrex²⁵ 200 mg. capsules was dispensed by the same pharmacy.

81. On or about February 7, 2003, Respondent prescribed for Patient C Ultracet tablets.²⁶ This prescription was dispensed by a Malden, Massachusetts-area pharmacy.

82. On or about February 19, 2003, Respondent prescribed for Patient C Hydrocodone/APAP 7.5 mg.-750 mg. tablets,²⁷ a DEA Schedule III controlled substance. In so doing, she presented herself as a physician or practitioner of medicine. This prescription was dispensed by a Malden, Massachusetts-area pharmacy.

83. On or about February 20, 2003, Respondent prescribed for Patient C Tussionex suspension.²⁸ In so doing, she presented herself as a physician or practitioner of medicine. This prescription was dispensed by a Malden, Massachusetts-area pharmacy.

to each dose level and monitor blood pressure before proceeding to the next level. See Physicians' Desk Reference at 2622-2624 (57th ed. 2003).

25. See footnote 16, above.

26. Ultracet combines two analgesics, tramadol and acetaminophen. Tramadol is a centrally acting synthetic opioid analgesic, but it has not been included on DEA schedules. Ultracet is indicated for the short-term management of pain. Tramadol may induce psychic and physical dependence and lead to abuse, including drug-seeking behaviors. See Physicians' Desk Reference at 2508-2510 (57th ed. 2003).

27. Hydrocodone/APAP 7.5 mg.-750 mg. tablets, branded as Vicodin ES, is composed of hydrocodone bitartrate and acetaminophen and is indicated for the relief of moderate to moderately severe pain. Hydrocodone is a semisynthetic narcotic analgesic and antitussive with multiple actions qualitatively similar to those of codeine. Physicians are warned that Vicodin ES tablets should be prescribed and administered with caution because psychic dependence, physical dependence, and tolerance may develop with repeated administration. See Physicians' Desk Reference at 510-511 (57th ed. 2003).

28. Each teaspoonful of Tussionex extended release suspension contains hydrocodone polistrex equivalent to 10 mg. of hydrocodone bitartrate and chlorpheniramine polistrex equivalent to 8 mg. of chlorpheniramine maleate. Hydrocodone is a centrally-acting narcotic antitussive and analgesic with multiple actions similar to those of codeine. Chlorpheniramine is an antihistamine. Tussionex is indicated for relief of cough and upper respiratory symptoms. Tussionex is a Schedule III narcotic, and its use may produce psychic and physical dependence upon repeated administration. See Physicians' Desk Reference at 1173-1174 (57th ed. 2003).

Tussionex suspension is a DEA Schedule III controlled substance. And see allegations set forth in Count 16, below.

84. On or about March 25, 2003, Respondent prescribed for Patient C Oxycodone/APAP (acetaminophen) 5 mg.-325 mg. tablets (Percocet).²⁹ In so doing, she presented herself as a physician or practitioner of medicine. This prescription was dispensed by a Malden, Massachusetts-area pharmacy.

85. On or about April 7, 2003, Respondent prescribed for Patient C Oxycodone/APAP (acetaminophen) 5 mg.-325 mg. tablets.³⁰ In so doing, she presented herself as a physician or practitioner of medicine. This prescription was dispensed by a Malden, Massachusetts-area pharmacy. Oxycodone/APAP is a DEA Schedule II controlled substance. Also on April 7, 2003, Respondent prescribed for Patient C Metoclopramide 10 mg. tablets.³¹ In so doing, she presented herself as a physician or practitioner of medicine. These prescriptions were dispensed by the same Malden, Massachusetts-area pharmacy.

86. On or about June 10, 2003, Respondent prescribed for Patient C Zocor 20 mg. tablets.³² In so doing, she presented herself as a physician or practitioner of medicine. This prescription was dispensed by a Malden, Massachusetts-area pharmacy. On or about the same date, Respondent prescribed for Patient C Allegra 180 mg. tablets.³³ In so doing, she

29. See footnote 27, above.

30. See footnote 27, above.

31. See footnote 14, above.

32. See footnote 15, above.

33. See footnote 21, above.

presented herself as a physician or practitioner of medicine. This prescription was dispensed by the same pharmacy.

87. Respondent on or about June 10, 2003 and June 25, 2003 (with a refill on August 10, 2003), prescribed for Patient C tramadol tablets.³⁴ In so doing, Respondent presented herself as a physician or practitioner of medicine. These prescriptions were dispensed by a Malden, Massachusetts-area pharmacy.

88. Respondent's practice of medicine, *i.e.*, her care and repeated prescribing for Patient C, in Massachusetts, as described above in Paragraphs 79 through 87, between February 2, 2003 and August 10, 2003, on one or more occasions was not undertaken in a structured group practice setting. Thus, Respondent's conduct, as specified above, on one or more occasions violated terms of the June 7, 2000 consent order, or its successor, the April 2, 2003 consent order, at Paragraph 13C(3), as amended (structured group practice setting required). Thus, such conduct constitutes a violation of 26 V.S.A. § 1354(a)(25) (failure to comply with an order of the board or violation of any term or condition of a license that is restricted or conditioned by the board). Such conduct by Respondent is unprofessional.

Count 14

89. Paragraphs 79 through 88, above, are restated and incorporated by reference.

90. Respondent's practice of medicine as to Patient C, *i.e.*, in caring for and repeatedly prescribing for him in Massachusetts, as described above, but limited to the period

34. Branded as Ultram, tramadol is a centrally acting synthetic opioid analgesic, but it has not been included on DEA schedules. Ultracet is indicated for the management of moderate to moderately severe pain. Tramadol may induce psychic and physical dependence of the morphine-type and lead to abuse, including drug-seeking behaviors. See Physicians' Desk Reference at 2510-2513 (57th ed. 2003).

between February 2, 2003 and March 26, 2003, violated the requirements of the June 7, 2000 consent order of the Vermont Board (see amended Paragraph 13A(1), mandating that any practice of medicine by Respondent be required by or directly related to her family practice residency at Tufts). Respondent's care and prescribing for Patient C, as described, on one or more occasions was not required by or directly related to her Tufts family practice residency. Thus, Respondent's conduct, as specified above, on one or more occasions also violated terms of the June 7, 2000 consent order.

91. Thus, Respondent's conduct, as described above, on one or more occasions constitutes a violation of 26 V.S.A. § 1354(a)(25) (failure to comply with an order of the board or violation of any term or condition of a license that is restricted or conditioned by the board). Such conduct by Respondent is unprofessional.

Count 15

92. Paragraphs 79 through 88, above, are restated and incorporated by reference.

93. Respondent's practice of medicine in Massachusetts as to Patient C, i.e., her care for and repeated prescribing for him of both controlled substances and other medications, did not include taking and maintaining a proper written medical history from the patient or performing an appropriate physical examination of him. Respondent's practice of medicine as to Patient C in the circumstances described, also did not include creating and maintaining a proper written medical record identifying information, such as the patient's subjective complaint, vital signs, objective symptoms, physician's assessment, and plan of care, as well as prescribing for the patient.

94. Respondent's care of Patient C, as described in Paragraphs 79 through 88 and 93, above, failed to meet the requisite standard of care on one or more occasions. Such deficient care by Respondent constitutes a gross failure to use and exercise on a particular occasion or the failure to use and exercise on repeated occasions that degree of care, skill and proficiency which is commonly exercised by the ordinary skillful, careful and prudent physician engaged in similar practice under the same or similar conditions, whether or not actual injury to a patient has occurred. Thus, such conduct constitutes a violation of 26 V.S.A. § 1354(a)(22). Respondent's conduct is unprofessional.

95. Alternatively, such conduct on one or more occasions constitutes a violation of 26 V.S.A. § 1354(b)(1) (failure to practice competently by performance of unsafe or unacceptable patient care) and/or 26 V.S.A. § 1354(b)(2) (failure to conform to the essential standards of acceptable and prevailing practice). Such conduct by Respondent is unprofessional.

G. Respondent Tested Positive for Hydrocodone on February 20, 2002.

Count 16

96. Paragraphs 82 and 83, above, are restated and incorporated by reference.

97. Respondent on February 20, 2003, in Massachusetts, tested positive for the presence of hydrocodone on a random urine drug screen. The Massachusetts Board of Registration in Medicine was notified of Respondent's positive drug test results on or about March 3, 2003 by the Physician Health Services Program. Hydrocodone is a DEA Schedule III controlled substance.

98. Respondent's consumption of hydrocodone and her positive test result for that drug on February 20, 2003 violated Paragraph 13C(5) of her November 7, 1996 consent order of the Vermont Board. That paragraph requires, "Respondent shall abstain from ingesting any mind or mood altering substances except as may be prescribed by her personal Primary Care physician after consultation with her Monitoring physician. Substances include, but are not limited to, alcohol, DEA Class 1-5, and opiate agonists-antagonists." (Emphasis added.)

99. The Vermont Board has found no record indicating that Respondent complied with the requirement that she provide notice of "any relapse" to her Monitoring Physician, Supervising Physician, and 12-Step sponsor. See Paragraphs 13C(4), (8), (12) & (13) of the November 7, 1996 consent order of the Vermont Board. Nor did Respondent herself provide timely notice to the Vermont Board of Medical Practice or its staff that she had tested positive in Massachusetts on February 20, 2003 for hydrocodone use.

100. As described above in Paragraphs 82 and 83 and 96 through 99, Respondent consumed hydrocodone and tested positive for use of a controlled substances on a random urine screen conducted on or about February 20, 2003. She thereby violated Paragraph 13C(5) (abstention required) of the November 7, 1996 consent order. Her conduct, as described above, also violated Paragraph 13C(12) (notice required to monitoring physician, supervising physician, and 12-step sponsor). Thus, Respondent's conduct in this regard constitutes one or more violations of 26 V.S.A. § 1354(a)(25) (failure to comply with an order of the board or violation of any term or condition of a conditioned or restricted license). Such conduct by Respondent is unprofessional.

Count 17

101. Paragraphs 1 through 100, and specifically Paragraphs 82 and 83 & 97 through 100, above, are restated and incorporated by reference.

102. On February 19, 2003, the day before Respondent's positive drug test result for the presence of hydrocodone, Respondent, while in Massachusetts, prescribed for Patient C Hydrocodone/APAP 7.5 mg.-750 mg. tablets, a DEA Schedule III controlled substance. On February 20, 2003, Respondent prescribed for Patient C Tussionex suspension. Tussionex suspension is a DEA Schedule III controlled substance and also contains hydrocodone.

103. Respondent's prescriptions for controlled substances written for Patient C on or about February 19-20, 2003, as described above, "were not issued for a legitimate medical purpose by a practitioner [i.e., Respondent] acting in the usual course of [her] professional practice." See Massachusetts General Laws 94C § 19(a). Where, as here, an order by a physician purporting to be a prescription has been issued in other than the usual course of professional treatment, it is not a legitimate prescription, and the issuer is subject to criminal prosecution and penalties. Id. And see Massachusetts General Laws 94C § 32 (setting forth fines and sentences of incarceration for violation).

104. In light of Respondent's prescribing of controlled substances for Patient C on February 19-20, 2003, as described above, and her positive drug test on February 20, 2003 for the presence of hydrocodone, the State alleges that Respondent engaged in conduct for which probable cause may be found that she has committed a criminal act. See Massachusetts General Laws 94C § 19(a). Such conduct by Respondent violates Paragraph 13C(18) of the

November 7, 1996 consent order (prohibiting such violative conduct) and thereby also constitutes a violation of 26 V.S.A. § 1354(a)(25) (failure to comply with an order of the board or violation of any term or condition of a conditioned or restricted license). Such conduct by Respondent is unprofessional.

G. Other Practice Violations: Respondent Prescribed for Patient D in Vermont.

Count 18

105. Respondent also improperly prescribed in Vermont for Patient D, who was a

On or about June 6, 2003, Respondent prescribed Patient D Estring 2 mg. rings.³⁵ In so doing, Respondent presented herself as a physician or practitioner of medicine. This prescription was dispensed by Heritage Drugs in Stowe. Respondent's prescription for Patient D for Estring was refilled on or about July 19, 2003 by Heritage Drugs in Stowe.

106. Respondent's practice of medicine as to Patient D, as described above, on one or more occasions was not undertaken in a structured group practice setting, and thus, this conduct by Respondent violated the terms of the Board's April 2, 2003 consent order, Paragraph 13C(3), as amended. Such conduct thereby constitutes a violation of 26 V.S.A. § 1354(a)(25) (failure to comply with an order of the board or violation of any term or condition of a license which is restricted or conditioned by the board). Such conduct by Respondent is unprofessional.

35. Estring is delivered in a small ring containing 2 mg. of estradiol and is employed for treatment of postmenopausal urogenital symptoms due to estrogen deficiency. See Physicians' Desk Reference at 2747-2750 (57th ed. 2003).

Count 19

107. Paragraphs 105 and 106, above, are restated and incorporated by reference.

108. Respondent's practice of medicine as to Patient D, as described above, failed to meet the requisite standard of care. Respondent did not take and maintain a proper written medical history from the patient or perform an appropriate physical examination of the patient. Respondent's practice of medicine as to Patient D, as described above, also did not include creating and maintaining a proper written medical record identifying the patient's subjective complaint, objective symptoms, physician's assessment, and plan of care, as well as a record of prescribing for the patient.

109. Such deficient care, as described above, on one or more occasions constitutes a gross failure to use and exercise on a particular occasion or the failure to use and exercise on repeated occasions that degree of care, skill and proficiency which is commonly exercised by the ordinary skillful, careful and prudent physician engaged in similar practice under the same or similar conditions, whether or not actual injury to a patient has occurred. Such conduct constitutes a violation of 26 V.S.A. § 1354(a)(22). Respondent's conduct in this regard is unprofessional.

110. Alternatively, such conduct constitutes a violation of 26 V.S.A. § 1354(b)(1) (failure to practice competently by performance of unsafe or unacceptable patient care) and/or 26 V.S.A. § 1354(b)(2) (failure to conform to the essential standards of acceptable and prevailing practice). Such conduct by Respondent is unprofessional.

Count 21

111. In or about mid-2002, Respondent violated medical ethics by improperly disclosing to the then-girlfriend of Patient B confidential medical information that Respondent had obtained while treating Patient B. The information disclosed by Respondent was highly embarrassing to Patient B.

112. The girlfriend of Patient B had no prior knowledge as to the purported information provided to her by Respondent. Respondent acquired such information regarding Patient B while treating the patient for medical problems in both Vermont and Massachusetts in 2002.

113. With regard to patient confidentiality, the Code of Medical Ethics of the American Medical Association states:

The information disclosed to a physician during the course of the relationship between physician and patient is confidential to the greatest possible degree. The patient should feel free to make full disclosure of information to the physician in order that the physician may most effectively provide needed services. The patient should be able to make this disclosure with the knowledge that the physician will respect the confidential nature of the communication. The patient should not reveal confidential communications or information without the express consent of the patient, unless required to do so by law.

AMA Code of Medical Ethics at 105, Section 5.05 Confidentiality (2000-2001 ed.).

114. The disclosure of confidential patient medical information by Respondent to the girlfriend of Patient B, as described above in Paragraphs 111 through 113, had no proper medical purpose, and thus, such communication by Respondent is unethical. Such conduct by Respondent constitutes a gross failure to use and exercise on a particular occasion that degree of care, skill and proficiency which is commonly exercised by the ordinary skillful, careful and prudent physician engaged in similar practice under the same or similar

conditions, whether or not actual injury to a patient has occurred. Such conduct thereby constitutes a violation of 26 V.S.A. § 1354(a)(22). Such conduct by Respondent is unprofessional.

115. Alternatively, such conduct constitutes a violation of 26 V.S.A. § 1354(b)(2) and is unprofessional (failure to practice competently by failure to conform to the essential standards of acceptable and prevailing practice). Alternatively, Respondent's actions as described above, i.e., disclosing sensitive, confidential patient medical information without the patient's permission, constitutes conduct that is immoral, unprofessional, and/or dishonorable under 26 V.S.A. § 1398.

Count 21

116. Paragraphs 1 through 115, above, are restated and incorporated by reference.

117. Respondent's conduct, as set forth above in multiple paragraphs, in caring for and prescribing for Patient C, both in Vermont and Massachusetts, on one or more occasions was unethical. Respondent has at various times described Patient C as an individual :

. The relationship between the two reasonably may be deemed . Respondent has stated that the relationship between herself and Patient C s.

The Code of Medical Ethics of the American Medical Association states:

Sexual or romantic interactions between physicians and patients detract from the goals of the physician-patient relationship, may exploit the vulnerability of the patient, may obscure the physician's objective judgment concerning the patient's health care, and ultimately may be detrimental to the patient's well-being.

If a physician has reason to believe that the non-sexual contact with a patient may be perceived as or may lead to sexual contact, then he or she should avoid the non-sexual contact. At a minimum, a physician's ethical duties include terminating the physician-patient relationship before initiating a dating, romantic, or sexual relationship with a patient.

AMA Code of Medical Ethics at 184-185, Section 8.14 Sexual Misconduct in the Practice of Medicine (2000-2001 ed.).

118. Respondent did not terminate her relationship with Patient C. Respondent's conduct with Patient C, as described above, while caring for him as a patient, including prescribing controlled substances for him, constitutes an egregious violation of proper professional boundaries.

119. Respondent's conduct in repeatedly caring for and prescribing for Patient C fails to meet the requisite standard of care. Respondent's deficient conduct constitutes a gross failure to use and exercise on a particular occasion that degree of care, skill and proficiency which is commonly exercised by the ordinary skillful, careful and prudent physician engaged in similar practice under the same or similar conditions, whether or not actual injury to a patient has occurred. Such conduct constitutes a violation of 26 V.S.A. § 1354(a)(22). Respondent's conduct is unprofessional.

120. Alternatively, such conduct constitutes a violation of 26 V.S.A. § 1354(b)(1) (failure to practice competently by performance of unsafe or unacceptable patient care) and/or 26 V.S.A. § 1354(b)(2) (failure to conform to the essential standards of acceptable and prevailing practice). Such conduct by Respondent is unprofessional.

121. Alternatively, Respondent's conduct, as described above, in caring for and prescribing for Patient C, including prescribing controlled substances for him, while immoral, unprofessional, and/or dishonorable under 26 V.S.A. § 1398.

I. False Statements Made to Board Investigator by Respondent.

Count 22

122. On one or more occasions, Respondent made a false, deceptive, and/or misleading statement to a Vermont Board of Medical Practice investigator regarding material matters while the Board was investigating open complaints against her and investigating Respondent's compliance with the terms and conditions of her Vermont medical license. Respondent's false, deceptive, and/or misleading statement(s) were knowingly made by her and were in regard to (a) her prescribing practices; and/or (b) her compliance with her legal conditions of medical licensure.

123. Respondent's false, deceptive, and/or misleading representation(s) made to a Board investigator, were intended by her to be considered by the Vermont Board in making decisions regarding the status of her medical license. Thus, one or more representations by Respondent to the Board's investigator constitute evidence of fraudulent or deceptive procuring of a medical license and thereby constitutes unprofessional conduct. 26 V.S.A. § 1354(a)(1).

124. Alternatively, Respondent's conduct, by making one or more false, deceptive, and/or misleading statements regarding material matters to a Board investigator, evidences unfitness to practice medicine and thereby is unprofessional. 26 V.S.A. § 1354(a)(7). Alternatively, Respondent's conduct, by making one or more false, deceptive, or misleading statements regarding material matters to a Board investigator, constitutes conduct that is immoral, unprofessional, and/or dishonorable under 26 V.S.A. § 1398.

J. Failure to Timely Notify Vermont Board of Suspension in Massachusetts.

Count 23

125. The Massachusetts Board of Registration in Medicine suspended Respondent's license to practice medicine on February 18, 2004 for failure to comply with the provisions of her Massachusetts probation agreement as to compliance monitoring and submission of urine samples. The Massachusetts Board's order of suspension of Respondent's medical license became final on or about March 2, 2004.

126. Respondent failed to provide timely notice to the Vermont Board of Medical Practice that her medical license had been suspended in Massachusetts. By failing to do so, Respondent's conduct violated the provisions of Board Rule 3.1 that state:

Licensees have a continuing obligation during each two-year renewal period to promptly notify the Board of any change or new information regarding their responses to Section II licensure questions of the renewal application, including but not limited to disciplinary or other action limiting or conditioning his or her license or ability to practice in any licensing jurisdiction. Failure to do so may subject the licensee to disciplinary action by the Board. (Emphasis added.)

127. Respondent's failure to provide the notification required by Board Rule 3.1 as to a material fact related to her license constitutes unprofessional conduct under the provisions of 26 V.S.A. § 1354(a)(27) (failure to comply with provisions of Federal or State statutes or rules governing the profession). The material information that she failed to promptly provide to the Vermont Board is expressly identified by Board Rule 3.1 as content that must be submitted by physicians. Respondent's conduct in this regard is unprofessional.

K. Failure to Maintain Good Faith Involvement with VPHP Program.

Count 24

128. Amended Paragraph 13C(2) of the April 2, 2003 consent order requires Respondent “to cooperate with and follow in good faith any and all reasonable recommendations that [the Vermont Practitioner Health Program] (VPHP) may make to her.”

129. On one or more occasions, Respondent failed to demonstrate good faith and/or cooperation in her dealings with the VPHP program. On one or more occasions she has failed to promptly provide relevant and material information to the program as she is required to do. On one or more occasions she failed to act in good faith to meet her obligations to VPHP with regard to monitoring her for use of prohibited substances.

130. Respondent’s non-compliant conduct, on one or more occasions, with regard to her involvement with the VPHP program violates amended Paragraph 13C(2) of the April 2, 2003 consent order with the Board. Such conduct thereby constitutes a violation of 26 V.S.A. § 1354(a)(25) (failure to comply with an order of the board or violation of any term or condition of a license that is restricted or conditioned by the board). Such conduct is unprofessional.

L. General Allegation.

Count 25

131. Paragraphs 1 through 130, above, are repeated and incorporated by reference.

132. Respondent, on one or more occasions, as described variously above, engaged in conduct constituting a gross failure to use and exercise on a particular occasion or the failure

to use and exercise on repeated occasions that degree of care, skill and proficiency which is commonly exercised by the ordinary skillful, careful and prudent physician engaged in similar practice under the same or similar conditions, whether or not actual injury to a patient has occurred. Such conduct thereby constitutes a violation of 26 V.S.A. § 1354(a)(22). Such conduct by Respondent is unprofessional.

133. Alternatively, Respondent, on one or more occasions, as described above in pertinent paragraphs, engaged in conduct constituting a violation of 26 V.S.A. § 1354(b)(1) (failure to practice competently by performance of unsafe or unacceptable patient care) and/or 26 V.S.A. § 1354(b)(2) (failure to conform to the essential standards of acceptable and prevailing practice). Such conduct by Respondent is unprofessional.

WHEREFORE, petitioner, the State of Vermont, moves the Board of Medical Practice, pursuant to 26 V.S.A. §§ 1356–1361 and/or § 1398, to revoke or take such other action, as provided by statute and as shall be warranted by the facts., as to the medical license of Respondent, Stephanie H. Taylor, M.D., a/k/a Stephanie Taylor Tasi, M.D.

Dated at Montpelier, Vermont this 3rd day of September 2004.

STATE OF VERMONT

WILLIAM H. SORRELL
ATTORNEY GENERAL

by:


JAMES S. ARISMAN
Assistant Attorney General

Foregoing Charges Issued: _____

MARGARET FUNK MARTIN
Secretary, for the Board of Medical Practice

Signed and Dated at _____, Vermont this ____ day of _____ 2004.

JSA/CHARGES (REV III): Stephanie H. Taylor, M.D., a/k/a Stephanie Taylor Tasi, M.D.; 8/04

Office of the
ATTORNEY
GENERAL
109 State Street
Montpelier, VT
05609

STATE OF VERMONT
BOARD OF MEDICAL PRACTICE

EXHIBIT 1

IN RE:
STEPHANIE TASI, M.D.

Docket Nos:
MPS -61-0594
MPS 129-1194
MPS 52-0595
MPS 72-0795
MPS 79-0795
MPS 120-1195

STIPULATION AND CONSENT ORDER

COMES NOW Stephanie Tasi, M.D., Respondent in the above-captioned matters, and the State of Vermont, by and through Linda Purdy, Assistant Attorney General, and agree and stipulate to the following facts, conditions and disposition in these matters.

1. Stephanie Tasi, M.D. (Respondent); holds License Number 42-0008406 issued by the Vermont Board of Medical Practice (Board), which license is subject to disciplinary action under 26 V.S.A. Chapter 23.

2. Until July 24, 1995, Respondent was engaged in the practice of psychiatry and maintained an office in Stowe, Vermont. In addition, she provided psychiatric services to patients at the Copley Hospital in Morrisville, Vermont, through a contract with that hospital.

3. On or about July 11, 1995, Copley Hospital suspended Respondent's contract with that institution and instructed her not to be present in the Behavioral Medicine Department at the Hospital for any meetings or contacts with patients until further notice.

4. On or about July 14, 1995, Copley Hospital notified Respondent's patients that it had become "necessary for Stephanie Tasi, M.D. to immediately stop practicing for an indefinite period of time" and offered to assist in arranging for continued care of the patients.

5. On or about July 17, 1995, Copley Hospital indefinitely suspended Dr. Tasi's hospital privileges after concluding that there was a substantial likelihood that her continued exercise of those privileges would cause injury or damage to the health or safety of patients.

6. On July 24, 1995 the Office of the Attorney General petitioned the Vermont Board of Medical Practice for an emergency suspension of Respondent's license to practice, alleging that Respondent was professionally incompetent as a result of mental impairment and that this

state of incompetency constitutes unprofessional conduct pursuant to 26 V.S.A. Sec. 1354(20).

7. On July 24, 1995, the Vermont Board of Medical Practice issued an Order summarily suspending Respondent's license to practice medicine in the State of Vermont (Docket No. MPS 72-0795). Respondent's license has remained suspended subject to the July 24, 1995 Order to the present.

8. For purposes of this action, Respondent admits that she suffers from the disease of chemical addiction; admits that her disease potentially poses a threat to the health, safety and welfare of her patients; and admits that such constitutes unprofessional conduct pursuant to 26 V.S.A. Sec. 1354(5).

9. For purposes of this action, Respondent admits that, at the present time, she suffers from a mental impairment which affects her competency to render professional services to patients and that such constitutes unprofessional conduct pursuant to 26 V.S.A. Sec. 1354(20).

10. The State has investigated the various complaints in the above-captioned dockets concerning Respondent's care of patients prior to her summary suspension on July 24, 1995. These complaints allege egregious professional boundary violations, including an incident of sexual misconduct with a patient, and the misprescribing or dispensing of controlled substances. Respondent admits that she evidenced a lack of comprehension or disregard for the fundamental principles of doctor-patient boundaries as they must exist within the psychiatric therapeutic setting; and further admits that she failed to recognize the detrimental effects that a breach of those boundaries might have on the patient, failed to appreciate the phenomena of transference and counter-transference and their effects upon the doctor-patient relationship, and created an inappropriate psychological and financial dependency relationships between some patients and herself.

11. Without admitting liability, Respondent acknowledges that the State, alleging unprofessional conduct pursuant to 26 V.S.A. Section 1354, subsections (5), (7), (20), (22), and 26 V.S.A. Section 1398, could proceed to disciplinary hearing before the Board on the issues cited above. Respondent further acknowledges that should the Board determine that unprofessional conduct occurred pursuant to one or more of these statutes, possible Board sanctions could include the revocation of her license to practice medicine.

12. Respondent voluntarily waives her right to service of a formal specification of charges, waives her right to a hearing on these matters, waives the right to cross-examine witnesses with respect thereto, and voluntarily enters into this Stipulation and Consent Order.

13. The parties to this Stipulation and Consent Order agree that an appropriate disciplinary action against Respondent would consist of the following:

A: INDEFINITE LICENSE SUSPENSION

Respondent agrees that her license to practice medicine in the State of Vermont shall be indefinitely suspended, subject to Respondent's right to petition for license reinstatement as provided herein.

B. PRE-REINSTATEMENT REQUIREMENTS:

Not less than one year from the date of approval by the Board of this Stipulation and Consent Order, Respondent may petition for reinstatement of her license, subject to the following specific terms and conditions:

(1). Respondent shall have engaged, for a minimum of twelve (12) months, in weekly psychotherapy with a board-approved psychiatrist who has been fully apprised of the Abbott-Northwestern and Cottonwood findings, and said psychiatrist shall attest to the Board, in writing, following twelve (12) months of psychotherapy, that Respondent is able to resume the practice of medicine with reasonable care, skill and safety to herself and her patients.

(2). Respondent shall have documented full compliance, for a minimum of twelve (12) months, with the "Personal Recovery Plan" and "Continuing Care Contract" executed by Respondent at Cottonwood Centers, Inc. Respondent's "Monitoring Physician" under that plan shall attest to the Board, in writing, that Respondent is able to resume the practice of medicine with reasonable care, skill, and safety to herself and her patients.

(3). Respondent shall have completed a minimum of six (6) months intensive retraining, in a board-approved mini-residency graduate program. The Program Director of such program shall attest to the Board, in writing, to the clinical competency of the Respondent after completion of the program. The Program Director shall be fully apprised of the Abbott-Northwestern and Cottonwood findings.

(4). No sooner than twelve (12) months after Respondent has had a chance to integrate her recovery and psychiatric treatment as specified above, Respondent shall be reassessed by a board-approved assessment program. This reassessment shall specifically deal with Respondent's chemical dependency, personality and characterological issues, boundary issues, understanding of transference/countertransference, her ability to conform her professional behaviors to acceptable norms, and her consequent ability to practice medicine with care, skill and safety. The reassessment program shall fully report its findings to the Board.

(5). Respondent shall have satisfactorily completed a board-approved course on the proper prescribing and dispensing of controlled substances.

Nothing herein shall be construed to limit the evidence which may be considered by the Board on any petition for reinstatement filed by the Respondent or to reduce Respondent's burden of proof or to require the Board to grant reinstatement upon satisfaction of the foregoing terms and conditions.

C. REINSTATEMENT REQUIREMENTS:

Should the Board reinstate Respondent's license, it shall be subject at least to the following terms and conditions, for a minimum of five (5) years:

(1). Respondent may not return to the practice of clinical psychiatry.

(2). Respondent will continue weekly psychotherapy with a board-approved psychiatrist, who has been fully apprised of the Abbott-Northwestern and Cottonwood findings. The psychiatrist shall report Respondent's progress in therapy quarterly to the Board, in a manner and form approved by the Board. The psychiatrist shall be Respondent's sole source for psychotropic medications, if required, and medications shall be prescribed and monitored according to the standard of care.

(3). Respondent may engage in the practice of medicine only in a structured group practice setting.

(4). A board-approved physician member of the group practice shall be designated as Respondent's Supervising Physician and shall be responsible for daily, ongoing supervision regarding professional boundary issues and clinical skills. The supervising physician shall have been fully apprised of the Abbott-Northwestern, Cottonwood, and Reassessment reports and provided with a true and complete copy of this Stipulation and Consent Order. The supervising physician shall report Respondent's progress and status quarterly to the Board, in a manner approved by the Board. In the event of any professional conduct, behavioral or substance-abuse relapse, the Supervising physician shall report immediately to the Board, which shall take such action as it deems necessary.

(5). Respondent shall abstain from ingesting any mind or mood altering substances, except as may be prescribed by her personal Primary Care physician after consultation with her Monitoring physician. Substances include, but are not limited to, alcohol, DEA Class 1-5, and opiate agonists-antagonists.

(6). No self-prescribing or prescribing to family members.

(7). Respondent shall obtain a board-approved primary care physician responsible for routine health care needs. The Primary Care physician shall be knowledgeable about addiction or certified by the American Society of Addiction Medicine.

(8). Respondent shall have a board-approved Monitoring Physician/Addictionist who shall report to the Board quarterly or immediately in the event of relapse.

(9). Consent to the taking of body fluid and/or breath samples for analysis, the results of which shall be provided to the Board, at board-recommended intervals and according to Board protocols.

(10). Respondent shall enroll and fully participate in, with appropriate sponsorship, a 12-step program, with quarterly attendance verification to the Board by the sponsor. Respondent shall attend a minimum of 3 meetings per week.

(11). Respondent agrees to undergo any psychiatric, physical and/or neuro-psychological testing and practice skills evaluations, the results of which shall be provided to the Board, as may be required by the Board.

(12). Respondent shall report any relapse to the Monitoring Physician, Supervising Physician and 12-step sponsor.

(13). Any relapses involving the unauthorized ingestion of prohibited substances, relapse behaviors indicative of the unauthorized ingestion of prohibited substances, and/or a positive laboratory analysis may result in Emergency Suspension of Respondent's license.

(14). All reports of evaluations conducted in connection herewith, including evaluations performed prior to the date of this instrument, shall be provided to the Respondent's Monitoring and Supervising physicians.

(15). Should Respondent seek medical licensure in another jurisdiction, Respondent agrees that reports of evaluations and investigative reports pertaining to this action shall be disclosed to those authorities.

(16). Costs of any and all programs or courses of treatment are Respondent's responsibility.

(17). Respondent shall execute such releases as may be necessary to effectuate the foregoing terms and conditions.

(18). Respondent shall not engage in any conduct for which probable cause may be found that she has committed a criminal act, whether or not related to the practice of medicine.

(19). Respondent shall not engage in any act for which, after investigation by the Board, probable cause may be found that such act constitutes unprofessional conduct.

(20). Failure to abide by any of the terms of this Stipulation shall constitute unprofessional conduct and may result in the immediate suspension of Respondent's license.

(21). The Board may impose such further terms and conditions as appropriate.

STATE OF VERMONT
JEFFREY L. AMESTOY

Dated: 10.24.96

By: Mark J. Di Stefano
Mark J. Di Stefano
Assistant Attorney General

STEPHANIE TASI, M.D.

Dated: 10/11/96

Stephanie Tasi, M.D.

APPROVED AS TO SUBSTANCE AND
FORM:

Mark J. Di Stefano, Assistant
Attorney General

James W. Murdoch, Esq.
Attorney for Stephanie Tasi

APPROVED AND SO ORDERED:

Chairperson, Board of Medical Practice

Date

(20). Failure to abide by any of the terms of this Stipulation shall constitute unprofessional conduct and may result in the immediate suspension of Respondent's license.

(21). The Board may impose such further terms and conditions as appropriate.

STATE OF VERMONT
JEFFREY L. AMESTOY

Dated: 10.24.96

By: Mark J. DiStefano
Mark J. DiStefano
Assistant Attorney General

STEPHANIE TASI, M.D.

Dated: 10/11/96

Stephanie Tasi, M.D.

APPROVED AS TO SUBSTANCE AND
FORM:

Mark J. DiStefano
Mark J. DiStefano, Assistant
Attorney General

James W. Murdoch, Esq.
Attorney for Stephanie Tasi

APPROVED AND SO ORDERED:

Chairperson, Board of Medical Practice

Date

APPROVED AND ORDERED:

Sally S. Hayes
Robert J. Anderson
John E. Magnuson
Elizabeth Turner
Priscilla Fox
Carol A. Vane, MD
Rebecca E. Brown

DATED: November 6, 1996

Entered and effective: November 7, 1996

STATE OF VERMONT
BOARD OF MEDICAL PRACTICE

In Re: Stephanie Taylor Tasi, M.D.
a/k/a Stephanie H. Taylor, M.D.

Docket Nos. MPS 61-0594
MPS 129-1194
MPS 52-0595
MPS 72-0795
MPS 79-0795
MPS 120-1195

STIPULATION AND CONSENT ORDER

NOW COME, Stephanie Taylor Tasi, M.D., a/k/a Stephanie H. Taylor, M.D., Respondent in the above-captioned matters, and the State of Vermont, by and through Attorney General William H. Sorrell, and agree and stipulate as follows:

1. Respondent holds license No. 042-0008406, issued by the Vermont Board of Medical Practice (Board). Respondent's medical license is presently suspended and additionally was made subject to conditions of licensure, as set forth in a Stipulation and Consent Order, approved and ordered by the Vermont Board of Medical Practice on November 6, 1996, and entered and effective November 7, 1996 (hereinafter referred to as "November 7, 1996 Stipulation and Consent Order").

2. Respondent agrees that all terms and conditions of the November 7, 1996 Stipulation and Consent Order remain unchanged and in full force and effect, except to the extent that amendatory language herein, is intended to change a term or condition thereof. To the extent that any term or condition herein may conflict with those set forth in the November 7, 1996 Stipulation and Consent Order, the more recent term or condition shall prevail. A copy of the Stipulation and Consent Order, executed by Respondent and effective on November 7, 1996, is attached hereto as Exhibit 1.

3. The parties agree that the terms and conditions of the November 7, 1996 Stipulation and Consent Order shall be amended as described in the following paragraphs.

I. Amendatory Terms.

4. Paragraph 13A which provides that Respondent's license to practice medicine shall be indefinitely suspended shall be deleted and the following language shall be substituted:

"A. CONDITIONED LICENSE

Respondent agrees that her license to practice medicine in the State of Vermont shall be conditioned and that the prior suspension of her license shall be set aside.

Respondent shall be permitted to hold a conditioned license to practice medicine which shall be subject to the following terms, including limitations, which have been agreed to by the parties:

- (1) Respondent may pursue the family practice residency at Tufts University to which she has been accepted; beginning on or about July 1, 2000, the practice activities which are required of her or which are directly related to her Tufts residency and which occur solely in the Commonwealth of Massachusetts shall not be deemed inconsistent with any term of the November 7, 1996 Stipulation and Consent Order executed by Respondent.
- (2) Respondent's Vermont medical license shall be conditioned to provide that she may not practice medicine in the State of Vermont until such time as she has satisfied the requirements below of Paragraph 13B(3), as amended, of the November 7, 1996 Stipulation and Consent Order and has presented a petition in writing to the Board, in a manner and form satisfactory to the Board, seeking modification of this condition and has received express written Board approval of such request; approval or disapproval of such petition shall be at the Board's sole discretion.
- (3) Should her residency be terminated, interrupted, or cease or her privileges be limited or suspended, Respondent shall immediately and voluntarily cease and desist from any and all practice of medicine, regardless of location, until further order of the Board."

5. Paragraph 13B(3) of the November 7, 1996 Stipulation and Consent Order executed by Respondent shall be deleted. The following terms shall be substituted there for:

"(3) Respondent shall complete at least a minimum of six months of successful intensive retraining through a family practice residency at Tufts University. The residency program director or other comparably responsible practitioner shall attest to the Board, in writing, as to the clinical competency of Respondent based upon her participation in the residency and shall be authorized by Respondent to answer any Board inquiries in this regard. The program director or other comparably responsible practitioner shall be fully apprised of the Abbott-Northwestern and Cottonwood findings by being provided written copies of such findings prior to the beginning of Respondent's residency. Respondent shall also provide to the program director or other comparably responsible practitioner copies of the November 7, 1996 Stipulation and Consent Order and of this agreement."

6. Paragraph 13C(3) of the November 7, 1996 Stipulation and Consent Order executed by Respondent shall be deleted. The following terms shall be substituted there for:

"(3) If Respondent engages in a family practice residency at the Tufts University or otherwise engages in the practice of medicine, she shall do so only in a structured group practice setting."

7. Paragraph 13C(4) of the November 7, 1996 Stipulation and Consent Order executed by Respondent, shall be amended in its first sentence by adding the words "or family practice residency" after the word "practice" in line two. Respondent agrees that all other terms of Paragraph 13C(4) shall remain the same, and Respondent expressly agrees that the Board approval shall be promptly requested as to any practitioner who is proposed as Respondent's Supervising Physician.

8. All other terms and conditions of the Stipulation and Consent Order remain unchanged and retain their full force and effect. Respondent expressly acknowledges and agrees that until such time as she is relieved of the terms and conditions set out in the November 7, 1996 Stipulation and Consent Order executed by her or such terms and

conditions are modified, in writing, she shall continue to comply fully with all such terms and conditions, except as they may be modified herein. Respondent expressly agrees to be bound by all terms and conditions of this Stipulation and Consent Order and that of November 7, 1996. Respondent agrees that consideration and acceptance of this Stipulation and Consent Order by the Board shall be subject to Respondent's prior satisfactory compliance with all Pre-Reinstatement Requirements and/or Reinstatement Requirements of the November 7, 1996 Stipulation and Consent Order, except as these may have been modified herein.

II. Terms of Implementation.

9. The parties agree that this Stipulation and Consent Order are a matter of public record, will become a part of Respondent's licensing file, and may be reported to other licensing authorities, and/or entities including, but not limited to the National Practitioner Data Bank and the Federation of State Medical Boards.

10. This Stipulation and Consent Order is conditioned on acceptance by the Board. If the Board rejects any part of this Stipulation and Consent Order, the entire agreement shall be considered void. However, should the terms and conditions of this Stipulation and Consent Order be deemed acceptable by the Board, the parties request that the Board enter an order modifying the terms and conditions of the November 7, 1996 Stipulation and Consent Order and conditioning and restricting Respondent's license to practice medicine, as set forth herein.

11. Respondent agrees to be bound by all terms and conditions of this Stipulation and Consent Order. Respondent agrees that the Board of Medical Practice shall retain jurisdiction to enforce all terms and conditions of this Stipulation and Consent Order. Respondent expressly agrees that any failure by her to comply with the terms of this

Stipulation and Consent Order and those of the November 7, 1996 Stipulation and Consent Order, specifically including but not limited to its reporting requirements and pre-approval requirements shall constitute unprofessional conduct under 26 V.S.A. §1354(25) and shall subject Respondent to such disciplinary action as the Board may deem appropriate.

Dated at Montpelier, Vermont, this 19th day of May, 2000.

STATE OF VERMONT

WILLIAM H. SORRELL
ATTORNEY GENERAL

by:

James S. Arisman
JAMES S. ARISMAN
Special Assistant Attorney General

Dated at Stowe, Vermont, this 18th day of May, 2000.

Stephanie Taylor Tasi
STEPHANIE TAYLOR TASI, M.D.
a/k/a Stephanie H. Taylor, M.D.
Respondent

FOREGOING, AS TO STEPHANIE TAYLOR TASI, M.D.,
APPROVED AND ORDERED, VERMONT BOARD
OF MEDICAL PRACTICE:

Margaret Harmon

Esther A. Tuma

Margaret Baltinger

John F. Masugan

abstaining David Brown

Office of the
ATTORNEY
GENERAL
109 State Street
Montpelier, VT
05609

DATED: June 7, 2000 ENTERED AND EFFECTIVE: June 8, 2000

Draft: May 2000; By James S. Arisman, AAG; Not Approved by BMP Until Executed as above and Entered as Effective by the Board

STATE OF VERMONT
BOARD OF MEDICAL PRACTICE

In re: Stephanie H. Taylor, M.D.
a/k/a Stephanie Taylor Tasi, M.D.

Docket Nos. MPS 61-0594
MPS 129-1194; MPS 52-0595
MPS 72-0795; MPS 79-0795
MPS 120-1195

STIPULATION AND CONSENT ORDER

NOW COME, Stephanie H. Taylor, M.D., a/k/a, Stephanie Taylor Tasi, M.D., Respondent in the above-captioned matters, and the State of Vermont, by and through Attorney General William H. Sorrell and James S. Arisman, Assistant Attorney General, and agree and stipulate as follows:

1. Respondent holds license No. 042-0008406, issued by the Vermont Board of Medical Practice (Board). Respondent's medical license was suspended and made subject to conditions of licensure, as set forth in a Stipulation and Consent Order, approved and ordered by the Vermont Board of Medical Practice and effective November 7, 1996 (hereinafter referred to as "November 7, 1996 Stipulation and Consent Order").

2. Respondent agrees that all terms and conditions of the November 7, 1996 Stipulation and Consent Order remain unchanged and in full force and effect, except to the extent that such agreement has been previously amended or is amended as set forth herein. To the extent that any term or condition herein may conflict with those set forth in the November 7, 1996 Stipulation and Consent Order, the more recent term or condition shall prevail. A copy of the Stipulation and Consent Order, executed by Respondent and effective on November 7, 1996, is attached hereto as Exhibit 1. A copy of the amendatory Stipulation and Consent Order, entered and effective June 8, 2000, also is attached hereto as Exhibit 2.

3. The parties agree that the terms and conditions of the November 7, 1996 Stipulation and Consent Order shall be further amended as described in the following paragraphs.

I. Amendatory Terms.

4. The present, previously amended language of Paragraph 13A shall be revised by deleting that language in its entirety and substituting the following:

"A. CONDITIONED LICENSE: ACTIVE PRACTICE OF MEDICINE
SHALL BE PERMITTED.

Respondent agrees that her license to practice medicine in the State of Vermont shall be conditioned. The Board finds that Respondent has fully complied with all pre-reinstatement requirements originally set forth in her November 7, 1996 Stipulation and Consent Order with the Board. Respondent has successfully undertaken a three- year residency in family practice at Tufts University and has successfully pursued a program of recovery and treatment related to her prior mental impairment and chemical addiction. Respondent shall be permitted to hold a conditioned license to practice medicine, which shall be subject to the terms and conditions set forth below and which have been agreed to by the parties.

5. The present language of Paragraph 13B ("PRE-REINSTATEMENT REQUIRMENTS") has been fully complied with by Respondent. Such language shall now be deleted in its entirety and shall be without further force or effect. Paragraph 13B hereafter shall solely bear the annotation, "Intentionally Left Blank".

6. The present, previously amended language of Paragraph 13C shall be revised to read in its entirety as follows:

"C. CONDITIONS OF LICESURE.

Respondent agrees that her license to practice medicine in the State of Vermont shall be conditioned as follows for at least 24 months.

- (1) Respondent shall not practice clinical psychiatry. Respondent agrees that in treating the mental health needs of patients she shall not provide long-term psychotherapy, counseling, or therapy to patients. She agrees that her care of mental health needs shall be consistent with the terms of the position paper of the American Academy of Family Physicians as to "Mental Health Care Services by Family Physicians". Patients requiring long-term psychotherapy, counseling, or therapy for mental health needs shall be referred by Respondent to another appropriate, licensed provider for care.
- (2) Respondent shall continue her own course of psychotherapy so long as this is deemed appropriate or required by the therapist providing such care. Respondent agrees that the Board or its agent may confer directly with such therapist regarding her care, if the Board deems such communication to be necessary. Respondent also agrees to referral by the Board of her name to the Vermont Practitioner Health Program (VPHP) of the Vermont Medical Society and agrees to cooperate with and follow in good faith any and all reasonable recommendations that such program may make to her.
- (3) Respondent shall practice medicine only in a structured group practice setting.
- (4) A physician member of the group practice shall be designated as Respondent's Supervising Physician and shall be responsible for ongoing supervision regarding clinical skills, patient care, boundary issues, and professionalism. The name of the Supervising Physician shall be promptly made known to the Board by Respondent.
- (5) Respondent shall abstain from ingesting any mind or mood altering substances, except as may be lawfully prescribed for her by a licensed practitioner.
- (6) [Present language shall be retained.]
- (7) through (11) [Present language shall be deleted.]

(12) Respondent shall promptly report any relapse to the Supervising Physician, the VPHP program, and the Board.

(13) and (14) [Present language shall be deleted.]

(15) through (17) [Present language shall be retained.]

(18) and (19): [Present language shall be deleted.]

(20) and (21): [Present language shall be retained.]

All other language and terms of Paragraph 13C not referred to above shall be deleted.

7. All other terms and conditions of the Stipulation and Consent Order in this matter, as previously amended, remain unchanged and retain their full force and effect. Respondent expressly acknowledges and agrees that until such time as she is relieved of the terms and conditions set out in the November 7, 1996 Stipulation and Consent Order executed by her, and as amended, or until such time as such terms and conditions are modified, in writing, she shall continue to comply fully with all such terms and conditions, except as may be modified herein.

8. Respondent expressly agrees to be bound by all terms and conditions of this Stipulation and Consent Order and that of November 7, 1996, as previously amended. Respondent agrees that consideration and acceptance of this Stipulation and Consent Order by the Board shall be subject to Respondent's prior satisfactory compliance with all Pre-Reinstatement Requirements and/or Reinstatement Requirements of the November 7, 1996 Stipulation and Consent Order and that the instant agreement shall be without force or effect if such requirements have not been fully met.

Office of the
ATTORNEY
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109 State Street
Montpelier, VT
05609

II. Terms of Implementation.

9. The parties agree that this Stipulation and Consent Order are a matter of public record, will become a part of Respondent's licensing file, and may be reported to other licensing authorities, and/or entities including, but not limited to the National Practitioner Data Bank and the Federation of State Medical Boards.

10. This Stipulation and Consent Order is conditioned upon acceptance by the Board. If the Board rejects any part of this Stipulation and Consent Order, the entire agreement shall be considered void. However, should the terms and conditions of this Stipulation and Consent Order be deemed acceptable by the Board, the parties request that the Board enter an order modifying the terms and conditions of the November 7, 1996 Stipulation and Consent Order, as previously amended, and conditioning Respondent's license to practice medicine, as set forth above.

11. Respondent agrees to be bound by all terms and conditions of this Stipulation and Consent Order. Respondent agrees that the Board of Medical Practice shall retain jurisdiction to enforce all terms and conditions of this Stipulation and Consent Order. Respondent expressly agrees that any failure by her to comply with the terms of this Stipulation and Consent Order and those of the November 7, 1996 Stipulation and Consent Order, as amended, may constitute unprofessional conduct under 26 V.S.A. §1354(25) and may subject Respondent to such disciplinary action as the Board may deem appropriate.

Office of the
ATTORNEY
GENERAL
109 State Street
Montpelier, VT
05609

Dated at Montpelier, Vermont, this 28th day of March, 2003.

STATE OF VERMONT

WILLIAM H. SORRELL
ATTORNEY GENERAL

by:

James S. Arisman
JAMES S. ARISMAN
Special Assistant Attorney General

Dated at Stowe, Vermont, this 26th day of March, 2003.

Stephanie H. Taylor, M.D.
STEPHANIE H. TAYLOR, M.D.
a/k/a Stephanie Taylor Tasi, M.D.
Respondent

* * *

FOREGOING, AS TO STEPHANIE H. TAYLOR, M.D.
APPROVED AND ORDERED
VERMONT BOARD OF MEDICAL PRACTICE

Sharon L. Thiel
D. H. H. H.
Margaret Ballin
James S. Arisman
Catherine M. Healy
Charles W. Dumas

DATED: April 2, 2003

ENTERED AND EFFECTIVE: April 2, 2003

Draft: March 2003; By James S. Arisman, AAG; Not Approved by BMP Until Executed As Above.

Office of the
ATTORNEY
GENERAL
109 State Street
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05609